

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

For Official Use

IN THE MATTER OF

☐ Amended

\_\_\_\_\_  
Name (Subject)

**Revised  
Reimbursement Order  
(Chapter 51)**

\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

Based on the response of the state public defender, **IT IS ORDERED:**

1. The subject is:

- ☐ a. **indigent.** The Order for Reimbursement for Costs of Representation is revised to require no reimbursement.
- ☐ b. **partially indigent.** The Order for Reimbursement for Costs of Representation is revised to order reimbursement in the amount of \$\_\_\_\_\_, not to exceed \$30.
- ☐ c. **not indigent.**
- ☐ The reimbursement as set forth in the Order for Reimbursement for Costs of Representation, including the payment schedule, remains in effect; OR
- ☐ No reimbursement was previously ordered. The subject to reimburse the State of Wisconsin for costs of representation in the total amount of \$\_\_\_\_\_, not to exceed \$120.

2. The subject is ordered to pay as follows:

- ☐ The total amount of: \$\_\_\_\_\_ is due in full by \_\_\_\_\_; OR
- ☐ The total amount of: \$\_\_\_\_\_ is to be paid at a rate of \$\_\_\_\_\_/month starting on \_\_\_\_\_ and on the \_\_\_\_\_ day of each month thereafter until paid in full.

3. Payment made to: \_\_\_\_\_

**THIS IS A FINAL ORDER/JUDGMENT FOR THE PURPOSES OF APPEAL.**

**BY THE COURT:**

\_\_\_\_\_  
Circuit Court Judge/Court Commissioner

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date

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1. Original – Court
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